

A WORD FROM THE ADMINISTRATOR

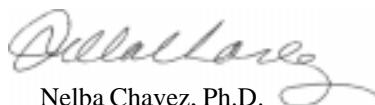
Welcome to our first edition of *Snapshot*. This publication is a preliminary view of anticipated fiscal year 2000 funding opportunities that may be offered by the Substance Abuse and Mental Health Services Administration (SAMHSA). Changes in these announcements may occur before we publish the final grant announcements in the *Federal Register*; however, we believe that giving you as much information as possible in advance will enable you to spend more time planning and preparing a successful application.

The grant programs that we are announcing this year provide depth to our efforts to improve substance abuse and mental health services. They are a mainstay of our agency mission to be quickly responsive to the greatest needs throughout the country and to advance our knowledge in addressing the unique issues of special populations. That is why we need your creativity in adapting substance abuse and mental health strategies to the specific needs of your consumers in your communities. Our long-term goal at SAMHSA is to ensure that Americans suffering from addiction and mental illnesses have the best and most accessible substance abuse and mental health services possible.

To achieve this goal, SAMHSA has initiated two mechanisms under its discretionary grant program. The Knowledge Development and Application (KD&A) grants are designed to bridge the gap between knowledge and practice. Our KD&A program is an essential resource to speedily transfer research findings from the pilots and trials to community practitioners and to provide new, more efficient ways to deliver services. Through our KD&A grants, we will be able to develop a network of information and technologies within the public health sector to get the right tools in the hands of the service providers. New and highly relevant service information will be developed further and systems will be established that assist prevention and treatment practitioners in translating research and best practices for more widespread community use.

The second mechanism we have to achieve our mission is the Targeted Capacity Expansion (TCE) program. The TCE program is designed to meet unmet and emerging needs. Through TCE grants we will be able to address new service issues and to meet community service and priority needs. Together we will be able to continue to make progress in closing nationwide service gaps.

Reaching the full potential of so many of our health and human service programs requires the coordination of substance abuse and mental health services. We invite you to join us in developing and implementing these programs to ensure that those individuals with addictive and mental disorders have the best and most accessible substance abuse and mental health services in our country.



Nelba Chavez, Ph.D.

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The descriptions of the funding opportunities are indicators of SAMHSA's fiscal year 2000 programmatic priorities; however, these GFA plans may change and are not final notices of funding availability. The only official notice of grant funding availability is that which is published in the *Federal Register*. Final notices of funding availability will be published in the *Federal Register* and posted on the SAMHSA web site.

OVERVIEW OF SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) was established by Congress (Public Law 102-321) on October 1, 1992, to strengthen the Nation's health care delivery system for prevention and treatment services for substance abuse and mental illnesses. SAMHSA builds on Federal-State partnerships with communities and private organizations to address the needs of individuals with substance abuse and mental illnesses as well as community risk factors that contribute to these illnesses.

With respect to substance abuse, SAMHSA-sponsored activities are intended to reduce its incidence and prevalence, improve access to prevention and treatment programs, enhance effectiveness of services, and reduce personal and community risks for substance abuse.

With respect to mental health, SAMHSA-sponsored activities are intended to promote recovery and improve the quality of life of adults with serious mental illnesses and children with serious emotional disturbances. These activities can improve the overall mental health of the Nation's people by promoting access to and increasing the development of systems of integrated, comprehensive, community-based services for adults with serious mental illnesses and children with serious emotional disturbances.

SAMHSA is an operating agency within the U.S. Department of Health and Human Services (DHHS). SAMHSA consists of three Centers—the Center for Mental Health Services, the Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment—as well as numerous staff offices within the Office of the Administrator, the Office of Applied Studies, and the Office of Program Services.

The following are descriptions of the three Centers and Offices. Every fiscal year, the Centers announce grant funding opportunities that are either specific to that Center or involve two or all three Centers.

The Center for Mental Health Services

The Center for Mental Health Services (CMHS) promotes the integration of relevant community services and access to comprehensive service systems for people who need continuing mental health care. The Center's activities are designed to improve access and

reduce barriers to high-quality services for people with, or at risk for, mental health disorders as well as co-occurring mental health and substance abuse problems.

CMHS administers the State block grants for community mental health services and other programs providing direct assistance to States. The Center administers grants and contracts intended for the development and application of new knowledge in the mental health services field. It collects and disseminates national data on mental health services. CMHS has a toll-free information clearinghouse, the Knowledge Exchange Network (KEN). The telephone number, address, and web address for KEN are listed on page 7. Most of CMHS' grant application kits can be obtained from KEN.

The Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) provides a national focus for Federal efforts to demonstrate and promote effective strategies for preventing substance abuse. Working in collaboration with State and other organizations, CSAP administers grants and contracts that support the development, application, and dissemination of new knowledge in substance abuse prevention.

CSAP sponsors the National Clearinghouse for Alcohol and Drug Information (NCADI), the largest source of literature and other materials on substance abuse research, treatment, and prevention for States, educational institutions, health care providers, and the public. The telephone number, address, and web address for NCADI are listed on page 7. Most of CSAP's grant application kits can be obtained from NCADI.

The Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) provides national leadership in efforts to enhance the quality of substance abuse treatment services and to ensure their availability to individuals who need them, including those with co-occurring drug, alcohol, mental, and physical problems. CSAT administers the State block grant for substance abuse prevention and treatment as well as grants and contracts that support the development, application, and dissemination of new knowledge in the treatment field.

CSAT sponsors the toll-free treatment referral line, 1-800-662-HELP, that assists callers to find resources when they need help. Most of CSAT's grant application kits can be obtained from NCADI, whose telephone number, address, and web address are listed on page 7.

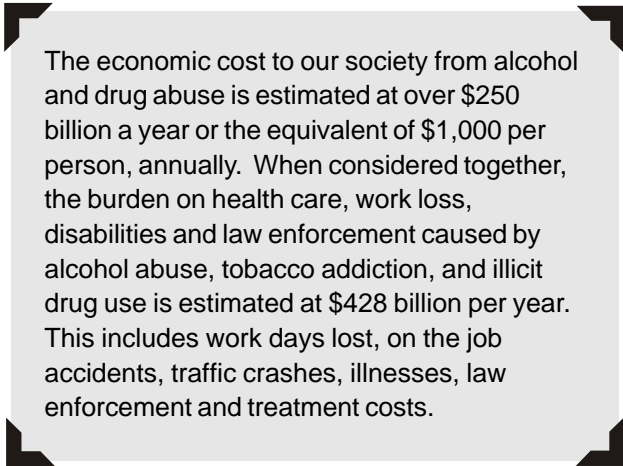
The Offices

The Office of Applied Studies (OAS) gathers, analyzes, and disseminates data on substance abuse practices in the United States. OAS is responsible for the annual National Household Survey on Drug Abuse and the Drug Abuse Warning Network, among other studies. OAS also coordinates evaluation of the service delivery models within SAMHSA's knowledge development and application programs.

The Office of the Administrator (OA) provides agency-level policy development, program coordination,

communication, and public affairs support. Within the OA is the Office of Policy and Program Coordination (OPPC) which includes staff responsible for special focuses such as co-occurring disorders, women and children's services, alcohol policy, and HIV/AIDS. Also in OPPC is the Division of Extramural Activities, Policy, and Review (DEAPR). DEAPR is responsible for the Guidance for Applicants (GFA) clearance process; the review of contract, cooperative agreement, and grant applications; and the establishment of extramural policy. DEAPR staff do not make funding decisions or manage the grants themselves.

The Office of Program Services works in partnership with other SAMHSA components to manage information resources, finance, human resources, grants and contracts, and administrative services.



The economic cost to our society from alcohol and drug abuse is estimated at over \$250 billion a year or the equivalent of \$1,000 per person, annually. When considered together, the burden on health care, work loss, disabilities and law enforcement caused by alcohol abuse, tobacco addiction, and illicit drug use is estimated at \$428 billion per year. This includes work days lost, on the job accidents, traffic crashes, illnesses, law enforcement and treatment costs.

SAMHSA REVIEW PROCESS

The accomplishment of specific program objectives in SAMHSA depends in large measure on the quality of its extramural grant program. In SAMHSA, applications for competing grants and cooperative agreements are subject to a dual review process. SAMHSA also receives proposals for contracts but this document will discuss grants and cooperative agreements only. A grant is a legal instrument that reflects an assistance relationship between the Federal Government and the grantee; its principal purpose is to enable the grantee to accomplish a public purpose authorized by Federal statute. A cooperative agreement is a funding mechanism in which more substantial programmatic involvement of Federal agency staff is anticipated in the performance of the contemplated activity.

First Level of Review

DEAPR manages the first level of the review process, which involves peer review by groups of qualified experts, referred to as Initial Review Groups (IRGs). These experts are primarily non-Federal people who work in the substance abuse and/or mental health fields, in universities or hospitals, with community-based organizations, or with advocacy groups. The IRGs may be ad hoc committees or standing committees that meet to review applications received for a particular Guidance for Applicants (GFA) or a Program Announcement (PA). The GFA is the document that announces a SAMHSA program and describes the intent and goals of the program. It also gives special requirements, applicable policies and procedures, and complete guidelines for preparing and submitting an application. The PA serves the same function but has several receipt dates for accepting applications within a fiscal year. For simplicity, the term GFA will be used for both GFAs and PAs in this introductory section.

The primary purpose of the first level of review by the IRGs is to provide a competent and objective evaluation of the scientific and technical merit of each application and to identify those applications that are of the highest quality. The review system rests on the assumption that advice on the scientific and technical merit of the application can be obtained best by selecting and engaging appropriately qualified reviewers of the highest caliber in a committee process that enables them to exchange and discuss each other's view on individual applications relative to established review criteria only.

Applications competing for awards under the same GFA are not compared against each other.

The IRG is responsible for developing the summary statement, which reflects the IRG's review, discussion, and evaluation of the application and serves as the official record of the review. Each summary statement also indicates a score for that application, which is a number that falls between 100, the highest possible score, and 500, the lowest possible score. At the end of the first level of review, all applicants receive a letter from DEAPR indicating the status of their application in terms of the review process.

Second Level of Review

If IRGs determine that applications have enough scientific and technical merit to be considered for funding, the applications go on to the second level of review. The second level of review is conducted by each Center's National Advisory Council. Membership on each Council includes professionals from relevant scientific and health fields, as well as individuals representing important interests in the public sector. The Council may provide policy advice on the Center's programs and on the expenditure of Federal funds. Thus, in making recommendations, the Council, unlike the IRG, may consider policy issues. IRG and Council recommendations on grant applications are advisory to the respective Center Directors and program staff. Except for those cases where Council review is not required (grant awards under \$50,000), SAMHSA may not award a grant unless the IRG has recommended that the application be scored and Council has concurred with the IRG's recommendation. While SAMHSA officials rely heavily on IRG and Council recommendations, funding decisions are the responsibility of SAMHSA.

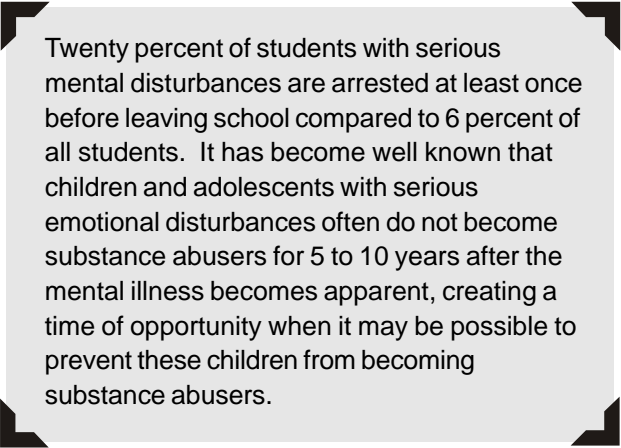
GETTING STARTED

This publication serves to inform the public of the grant funding opportunities that SAMHSA is planning to announce for fiscal year (FY) 2000 (October 1, 1999-September 30, 2000). However, this publication was produced early in FY 2000 and fiscal, programmatic, or policy changes may occur or have occurred that would require SAMHSA to alter some or all of the grant funding opportunities. Therefore, this publication is a guideline which applicants may use to prepare in advance to the extent possible. When funding plans are finalized, SAMHSA will publish Notices of Funding Availability (NOFAs) in the *Federal Register*, a Federal Government publication. Immediately following this publication, the title, GFA number, and receipt date are posted on the SAMHSA web site under "List of FY 2000 Grant Funding Opportunities." The text for the GFAs is available for downloading in WordPerfect 6.1 format. Printed

copies of the announcements are also available by mail from contact points listed in the following descriptions of each announcement.

The GFAs describe program intent and outline essential information required of applicants. The GFA has two parts: Part I requests material specific to the individual grant program and Part II outlines SAMHSA grant policies and procedures. Part I will be posted on SAMHSA's web site when it is in final form and published in the *Federal Register*. Part II is available on the SAMHSA web site for easy reference. Also, other forms and materials needed to apply can be obtained from the web site.

For questions about any specific GFA, potential applicants should refer to the "Contacts for Additional Information" section of each individual GFA or PA.



Twenty percent of students with serious mental disturbances are arrested at least once before leaving school compared to 6 percent of all students. It has become well known that children and adolescents with serious emotional disturbances often do not become substance abusers for 5 to 10 years after the mental illness becomes apparent, creating a time of opportunity when it may be possible to prevent these children from becoming substance abusers.

MATERIALS FOR APPLICATIONS

To apply for a SAMHSA grant or cooperative agreement, you will need the appropriate GFA, PHS 5161-1 (an application form), and the appropriate files referenced on this page. Please refer to each individual GFA for the required forms. Applications must be submitted on PHS 5161-1 which is in the application kit or can be downloaded from the Department of Health and Human Services, Program Support Center web site listed on page 7.

Materials to apply for SAMHSA grants and cooperative agreements can be obtained in hard copy from sources given in each GFA (usually the same as the clearinghouses listed on page 7) or they can be downloaded in electronic form from the SAMHSA web site.

1. GFAs are available from the Grant Funding Opportunities page on the SAMHSA web site after they have been announced in the *Federal Register* and uploaded to the site. For a printed copy, contact the appropriate clearinghouse listed on page 7.
2. The PHS 5161-1 is the official application form, which includes the SF 424 face page and SF424A budget pages. This form is available for download, in several formats, from the DHHS/Program

Support Center's Forms Download Site at <http://forms.psc.dhhs.gov/phsforms.htm>. Instructions are also provided at <http://forms.psc.dhhs.gov/about.htm>. This form may also be obtained in hard copy according to directions in each GFA, under "Application Procedures."

3. Assurance of Compliance Form (to ensure compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975)
Available in WordPerfect 6.1 and ASCII (DOS) Text from SAMHSA's web site.
4. Listing of Single State Agencies (SSAs)
Available in Wordperfect 6.1 from SAMHSA's web site.
5. Listing of Office of Management and Budget (OMB) State Single Point of Contact (SPOC)
Available from SAMHSA's web site.
6. Offices Negotiating Indirect Cost Rates
Available in WordPerfect 6.1 from SAMHSA's web site.

Approximately 14 million people are current users of illicit drugs, with 2.58 million users between the ages of 12-17 and 4.06 million between the ages of 18-25. Data indicate the 4.7 million Americans who are abusing or are dependent on drugs are severely in need of addiction treatment. Of these individuals, only 2.1 million can be served through the existing publicly funded treatment system, leaving a gap of 3.5 million people severely needing substance abuse treatment.

GRANT-WRITING TECHNICAL ASSISTANCE WORKSHOPS

SAMHSA invites the public to attend one of three grant writing technical assistance workshops held across the country in March 2000. These workshops are intended to provide support to prospective applicants, including State and local government entities, community-based organizations, hospitals, schools, and universities in preparing applications in response to published GFAs.

The workshops will take place over 2 days with breaks and time for lunch. These sessions are designed to provide additional assistance with grant writing and application preparation. The plenary session will be devoted to an overview of SAMHSA's mission/programs in general, FY2000 grant activity, and the review process. Following the general presentations, program staff will lead GFA-specific discussions in concurrent breakout sessions and discuss SAMHSA grant procedures. The breakout sessions will be repeated to give potential applicants an opportunity to attend multiple program specific sessions. There will also be a Grants Management session that will provide an overview of grant procedures that should be followed when submitting an application to SAMHSA. The second day will provide further assistance with grant writing and application preparation.

The listing of GFA-specific sessions cannot be considered final until the publication of the individual GFA notices in the *Federal Register*. Call (301) 443-1249 for the most updated list of those GFAs that will be discussed at each workshop. It is advised that participants confirm the publication of the GFAs of interest to them in advance of the workshops. It is also strongly suggested that attendees be the individuals responsible for conceptualizing the proposed project and writing the application.

For more information on the logistics of the workshops, contact Lisa Wilder, Workshop Coordinator, at (301) 984-1471 ext. 361. A registration form is provided at the end of this publication and also can be downloaded from SAMHSA's web site. For information regarding the content of the workshops, leave a message at (301) 443-1249 and a SAMHSA staff person will contact you.

There is no registration fee for the workshops but a registration form must be completed for each person attending. A confirmation will be faxed back. Partici-

pants are responsible for paying for their travel, meals, and lodging. They are also responsible for making their hotel reservations. When calling the hotels for reservations, reference the SAMHSA Technical Assistance Grantee Workshop. The workshops will be held at the following locations:

Workshop I:	March 2-3	Atlanta, GA	Ritz Carlton Hotel 800-241-3333
Workshop II:	March 7-8	Kansas City, MO	Westin Hotel Crown Center 800-228-3000
Workshop III:	March 9-10	San Diego, CA	Wyndham Emerald Plaza Hotel 619-239-4500

At the time of the *Snapshot* publication, the following GFAs were being considered for inclusion at the technical assistance workshops:

Center for Mental Health Services:

Community Action Grants for Service Systems Change (two priority initiatives: Hispanic youth and American Indian & Alaska Native youth)
Violence Prevention/Resilience Development School and Community Action Grants

Center for Substance Abuse Prevention:

Community-Initiated Prevention Interventions
Cooperative Agreements for Parenting and Family Strengthening Prevention Interventions
Centers for the Application of Prevention Technologies
State Incentive Cooperative Agreement for Community-Based Action: State Incentive Grants

Center for Substance Abuse Treatment:

Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need (Targeted Capacity Expansion)
Community Action Grants for Service Systems Change
Grants for the Evaluation of Treatment Models for Persons with Co-occurring Substance Abuse and Mental Health Disorders
Comprehensive Community Treatment Program for the Development of New and Useful Knowledge
Targeted Capacity Expansion-HIV/AIDS

SOURCES OF INFORMATION

For CMHS GFAs contact:

National Mental Health Services Knowledge Exchange Network (KEN)

Phone: 1-800-789-2647

TTY: (301) 443-9006

Fax: (301) 984-8796

E-mail: info@mentalhealth.org

Internet: <http://www.mentalhealth.org>

For CSAP and CSAT GFAs contact:

National Clearinghouse for Alcohol and Drug Information (NCADI)

Phone: 1-800-729-6686

TDD: 1-800-487-4889

Fax: (301) 468-6433

E-mail: info@health.org

Internet: <http://www.health.org>

For application review information and general GFA questions contact:

Diane McMenamin, Director, Division of Extramural Activities, Policy and Review
Substance Abuse and Mental Health Services Administration

Parklawn Building, Room 17-89

5600 Fishers Lane

Rockville, MD 20857

Phone: (301) 443-4266

Fax: (301) 443-1587

E-mail: Snapshot@samhsa.gov

For questions about grants management contact:

Stephen J. Hudak (for CMHS)

Division of Grants Management, OPS

Substance Abuse and Mental Health Services Administration

Parklawn Building, Room 15C-05

5600 Fishers Lane

Rockville, MD 20857

Phone: (301) 443-4456

Fax: (301) 594-2336

E-mail: shudak@samhsa.gov

Christine Chen (for CSAP and CSAT)

Division of Grants Management, OPS

Substance Abuse and Mental Health Services Administration

Rockwall II, Room 630

5600 Fishers Lane

Rockville, MD 20857

Phone: (301) 443-2914

Fax: (301) 443-6468

E-mail: cchen@samhsa.gov

Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov>

Some libraries subscribe to the *Federal Register* so call your local library (including university libraries) or access the web site:

http://www.access.gpo.gov/su_docs/aces/aces140.html

Department of Health and Human Services, grant application forms
<http://forms.psc.dhhs.gov/phsforms.htm>

Major depression affects 1 in 7 women and 1 in 13 men over their lifetimes. Of five medical disorders—hypertension, diabetes, lung disease, arthritis, and heart disease—only heart disease is more disabling and results in more hospital days and lost productivity than depression.

TWELVE BASIC PRINCIPLES FOR WHAT WORKS IN GRANT APPLICATIONS

1. Match ideas to the funding source and thoroughly understand what the program wants.

The application must meet the program's needs. Do not submit an application for a project that does not fit the announcement. Even if it is a worthy project, it will not be considered for funding.

Thoroughly understand the basic intent and objective of the program. Read the program goals and all programmatic descriptions to ensure the proposed approach can fulfill the actual program requirements.

2. Use the designated Program Office(r) for technical assistance and advice.

Very few applicants actually seek the assistance of program staff in developing their applications. The funding agency is committed to ensuring the receipt of many good applications and thus wants to assist potential applicants as much as possible. Knowledgeable staff in the Program Office are available to consult with all applicants requesting assistance.

Contact the program staff before you officially submit your application. They can comment then; they cannot comment after you submit the application.

Attend the technical assistance session if one is held (see page 6)

3. Begin the necessary groundwork before the Notice of Funding Availability (NOFA) is published.

Although an official NOFA in the *Federal Register* may not appear until six or seven months into the fiscal year, this publication is intended to help you get started. In addition, many professional organizations and national associations highlight Federal programs in their newsletters to constituents well in advance of the official notice. Take advantage of additional lead time to develop ideas and begin the necessary groundwork before the program is officially announced.

Develop a network of contacts that can help later, such as State and local government entities, university staff, and individuals and other organizations that may provide support to the project.

Develop a committee and get key participants in place who will assist with developing the application.

4. Establish a timetable and organize the necessary personnel as soon as funding availability is announced.

Do not waste energy fretting about the short time frame or seemingly complicated GFA instructions. These parameters cannot be changed, and an applicant must be willing to accept these requirements.

The production of a successful grant application usually cannot always be worked around everyone's routine schedule. Establish a plan for what needs to be accomplished, by whom, and when. Block out time on people's calendars in advance. The production of a grant application requires the same diligent planning and scheduling as does any other labor intensive, priority project.

Identify the individuals who can complete certain necessary tasks, such as:

- a. A person responsible for writing the application. Although several individuals may write particular pieces, one person should pull the entire application together to make sure it flows and nothing is omitted or repeated.
- b. A person or small committee removed from the process to critique the first draft and identify where there are questions or gaps. This critique will be most effective if it is based on review criteria that members of the grant review committee will use in reviewing applications.
- c. A person to request and coordinate receipt of letters of support. This person might also

assist the organization providing the letter of support to draft an individualized letter describing how the organization can contribute to the efforts of the applicant organization. Many persons are willing to be supportive but may lack time to draft a letter. Do not use boilerplate letters of support. The letters must be specific about the kind of support being committed.

5. Follow the instructions and format.

This is not the place to use creativity. Save creativity for the technical idea, but not the application format. The creative process is difficult enough; take advantage of the fact that someone else has designed the format. Even if you believe that your format for describing the proposal is better, don't use it. If you have ideas for improving the format for next year, most program officials would welcome suggestions after the grant cycle is completed.

If an application fails to follow the required format and table of contents, SAMHSA staff can decide that the application is not responsive to the GFA and may not forward the application for review.

Pay attention to every detail of the format and instructions, including directions on page limitation, type size, and number of copies required for submission.

6. Lay out a master plan.

A good application should provide a master plan—the vision of where the project is going and the expected results. Although this may be difficult because some ideas have not been fully developed, every effort should be made to think through reasonable approaches.

List other funding sources, if any, and what those funds would cover.

The master plan should cover key questions of who, what, where, when, and why. The application should include specific goals, objectives, tasks required to accomplish the objectives, target population, resources, time frames, and a methodology to evaluate accomplishments.

7. Be reasonable and realistic.

Succinctly describe, within the page limitations, the project and how it is to be carried out, but do not provide unnecessary detail. It may result in reviewers missing important information.

If the proposal is unrealistically ambitious, credibility may come into question. If there is no justification regarding how and why you think you will be able to accomplish an ambitious goal, do not include it. An unexplained, ambitious goal may negatively affect your score rather than impress reviewers.

8. Provide information on all the review criteria.

This point cannot be emphasized enough. An applicant must provide information in support of all of the review criteria. The reviewers will assess the merits of the application as related to the review criteria.

Be thorough, concise, and to the point. Be sure to put information under the appropriate criteria.

Know exactly what that funding agency wants in each of the criteria, and explain how each criterion will be met. If you don't understand, contact the program staff.

Carefully address the cultural competence components of the review criteria.

9. Explain omissions, rather than hope that no one will notice.

It is important to understand that what is not said in an application can hurt more than what is said. Very often an application loses points because the reviewers did not have an explanation for an omission. For example, if a segment of the population is not included in the project, this absence should be explained.

If it is not written in the application, it does not exist for the purposes of review. Reviewers are instructed to neither "read between the line," nor to consider personal knowledge of a particular program.

10. Make a reasonable funding request and match the budget to the scope of work.

It is important that the budget request clearly relates to the narrative and the scope of work. The justification for the funds must match the amount requested.

Be specific and justify each item for all years of support requested. Appropriately defend staff person hours. Specify the need for consultants and travel. Explain the use of consultants instead of internal staff.

11. Address items regarding participant protection/human subjects.

Address all items as necessary. If any of the areas do not apply, state not applicable and indicate why.

Provide for parental consent—as applicable. Provide details for debriefing children as well as parents/guardians.

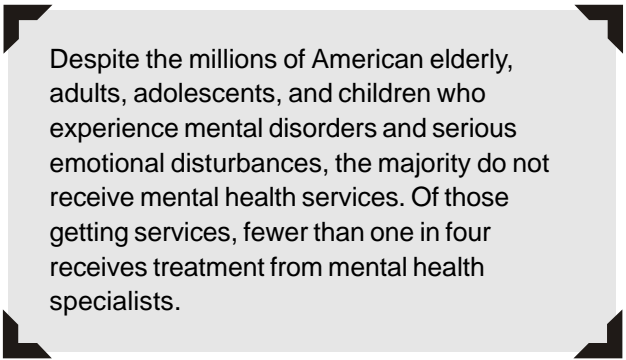
Address confidentiality of client/subject information within the project team (e.g., clinicians, evaluators, support staff).

12. Keep the application simple, reasonable, business-like, and professional.

The application should be error-free and all the forms completed correctly. Pay attention to detail. The application should look like it is ready for publication.

Have someone check every page of every copy of the application to be sure that all pieces are included.

READ and FOLLOW all directions outlined in the GFA.



Despite the millions of American elderly, adults, adolescents, and children who experience mental disorders and serious emotional disturbances, the majority do not receive mental health services. Of those getting services, fewer than one in four receives treatment from mental health specialists.

CENTER FOR MENTAL HEALTH SERVICES

Name of grant and short title: Violence Prevention/Resilience Development School and Community Action Grants (School Action Grants)

Announcement number: SM00-005

Description: This program will provide grantees with funds to promote healthy childhood development and prevent youth violence and substance abuse through the use of exemplary programs and practices. Through the School Action Grant Program, communities will be required to identify and build consensus around exemplary practices that decrease violence, suicide, and substance abuse and increase resilience and pro-social behaviors. Grantees may select an exemplary practice, adapt it to meet local needs, and then pilot the implementation of these exemplary practices into the local community.

Expected date of announcement: February 2000

Eligibility: Applications may be submitted by units of State and local government and by domestic private non-profit and for profit organizations such as advocacy organizations, community based organizations including ethnic specific organizations, parents and teachers associations, consumer and family groups, providers, courts, local police departments, mental health organizations, and schools.

Funding priorities and/or preferences: Applications will be considered for funding on the basis of overall technical merit and the availability of funds. Additional considerations are:

- overall program balance in terms of geography (including rural/urban/suburban areas), race/ethnicity of proposed project population, and project size;
- balance among projects in terms of types of exemplary practices;
- the extent to which proposed exemplary practices address needs of especially vulnerable sub-groups within the target population, including Hispanic, Native American, and Asian American youth at risk of joining gangs/already in gangs, youth at risk for suicide, youth suspended from school, and youth living with HIV/AIDS.

Expected receipt date: May 17, 2000

Projected award date: September 2000

Where to obtain application kits: Knowledge Exchange Network.

Estimated amount of this competition: \$3.5 million.

Estimated project period: The project period will be 2 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Approximately 20 to 25 awards.

Estimated amount for each award: Each award will be \$140,000 to \$175,000 per year in total costs, including direct and indirect costs.

For more information on program issues, contact:

Tiffany Ho
Division of Program Development, Special Populations and Projects
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 17C-26
Rockville, MD 20857
Phone: (301)443-2892
Fax: (301)443-4864
E-mail: tho@samhsa.gov

Too often, teens and young adults get mental health care only after their problem has led to school problems or encounters with the justice system.

CENTER FOR MENTAL HEALTH SERVICES

Name of grant and short title: Violence Prevention at the Community Level: A Community Development Program (Youth Violence Prevention Community Development Grants)

Announcement number: SM00-004

Description: Large Federal investment are being made to support comprehensive youth violence prevention programs throughout the States. But, violence prevention is essentially a local objective that will be achieved through sustained local activity. For this reason, Federal support is being offered to help States, their political subdivisions (with State concurrence) and Native American Tribal governments to develop the service networks they will need to sustain violence prevention efforts over a long time period.

Expected date of announcement: March 2000

Eligibility: Applications may be submitted by States, their political subdivisions of local government, and Native American Tribal governments.

Funding priorities and/or preferences: Applications will be considered for funding on the basis of overall technical merit and the availability of funds. Additional considerations include but are not limited to overall program balance in terms of geography (including rural/urban/suburban areas), race/ethnicity of proposed project population, and project size.

Expected receipt date: June 13, 2000

Projected award date: September 2000

Where to obtain application kits: Knowledge Exchange Network.

Estimated amount of this competition: \$6 million.

Estimated project period: Not yet available.

Estimated number of awards: Not yet available.

Estimated amount for each award: Not yet available.

For more information on program issues, contact:

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Approximately 13.7 million children and adolescents between the ages of 9-17 experience a diagnosable mental disorder in any one year. Of these children, 3.5 to 4 million have a serious emotional disturbance of such severity that it affects the child's ability to function at home, to learn at school, and to engage in neighborhood or community activities. These disorders can lead to school failure, violence, or suicide.

CENTER FOR MENTAL HEALTH SERVICES

Name of grant and short title: Technical Assistance Center for the Evaluation of Adult Mental Health Systems Change (TA Center for Evaluation)

Announcement number: SM00-002

Description: Since 1994, CMHS has been supporting a Center on Evaluation that builds evaluation capacity within State and local mental health authorities in order to improve the planning and operation of adult mental health services. The purpose of the TA Center will be to: 1) provide technical assistance to States and local mental health authorities to evaluate community-based mental health systems; 2) disseminate results from CMHS funded evaluation programs; and 3) encourage the application of evaluation results.

Expected date of announcement: February 2000

Eligibility: Applications may be submitted by domestic public and private non-profit and for-profit entities, such as units of State or local government, community-based organizations, and universities, colleges, and hospitals.

Funding priorities and/or preferences: None

Expected receipt date: April 7, 2000

Projected award date: June 2000

Where to obtain application kits: Knowledge Exchange Network.

Estimated amount of this competition: \$600,000

Estimated project period: The estimated project period will be 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: One award.

Estimated amount for each award: The amount for the award will be \$600,000 in total costs, including direct and indirect costs.

For more information on program issues, contact:

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For adults, an estimated 10 million experience a serious mental illness of such intensity and duration that employment, physical health, housing and the overall quality of life for them and their families are dramatically affected.

CENTER FOR MENTAL HEALTH SERVICES

(in collaboration with the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment)

Name of grant and short title: Community Action Grants for Service Systems Change, Phase I & II. (Community Action Grants)

Announcement number: PA00-003

Description: The Community Action Grant Program is a two-phased program to stimulate the adoption of exemplary practices in mental health services by building consensus, aiding in decision-support and adapting service models. Phase I grants support a consensus building process leading to a decision to adopt an exemplary practice. Phase II grants provide support for implementing the practice. Grants do not support direct funding of services. This year, funds will be made available as a priority initiative for Hispanic and for American Indian and Alaska Native communities to address mental health problems of people at risk for impaired function in a variety of life domains due to diagnosable mental, behavioral, or emotional disorders affecting major life activities.

Expected date of announcement: February 2000

Eligibility: Units of State or local governments and domestic private non-profit and for-profit organizations such as community-based organizations, universities, colleges, and hospitals. SAMHSA encourages applications from consumer and family organizations. Phase II applicants are limited to Phase I grantees.

Funding priorities and/or preferences: Special initiatives and priorities may be included under the standing Program Announcement. In FY2000, there will be an Hispanic Initiative and an American Indian and Alaska Native Youth Priority Initiative.

Expected receipt date: May and September 2000.

Projected award dates: September 2000 and February 2001.

Where to obtain application kits: Knowledge Exchange Network.

Estimated amount of this competition: \$3 million for the Phase I awards per year and \$1.5 million for the Phase II awards per year.

Estimated project period: One year.

Estimated number of awards: Twenty awards for Phase I and 10 awards for Phase II.

Estimated amount for each award: Each award will range from \$50,000 to \$150,000 in total costs, including direct and indirect costs.

For more information on program issues, contact:

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Results from the CMHS Children's Mental Health Program grantees work indicate that for children, the number of contacts with law enforcement decreased, the school grades improved, there were fewer school absences, their mental health improved, and the number of stable living arrangements increased.

CENTER FOR MENTAL HEALTH SERVICES

(in collaboration with the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment)

Name of grant and short title: Minority Fellowship Program

Announcement number: SM00-003

Description: The Minority Fellowship Program (MFP) awards funds to specific professional organizations in order to support doctoral and postdoctoral level training in mental health for professionals representing different ethnic minorities. Grants have been directed to the following professional organizations that award fellowships to eligible recipients: American Psychiatric Association, American Psychological Association, Council on Social Work Education, and the American Nurses Association. The purpose of the MFP is to encourage and facilitate the development of doctoral and post-doctoral development of minority nurses, psychiatrists, psychologists, and social workers who maintain a professional focus on the provision of mental health and substance abuse related services.

Expected date of announcement: Not yet available.

Eligibility: American Psychological Association. Eligibility changes with each year but is restricted among the four organizations listed above. In FY 1999, the American Psychiatric Association, the Council on Social Work Education, and the American Nurses Association were eligible for the MFP. In this fiscal year, only the American Psychological Association is eligible.

Funding priorities and/or preferences: None

Expected receipt date: Not yet available.

Projected award date: Not yet available.

Where to obtain application kits: Knowledge Exchange Network.

Estimated amount of this competition: \$350,000

Estimated project period: The project period will be 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: One award.

Estimated amount for each award: The award will be \$350,000 in total costs, including direct and indirect costs.

For more information on program issues, contact:

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Through CSAT's and CMHS' Homeless Prevention program, twelve grantees have developed program manuals to document homelessness prevention interventions. In addition, an interim status report indicates that identification of persons at risk of homelessness occurs at multiple points on the treatment continuum rather than at a singular portal of entry.

CENTER FOR SUBSTANCE ABUSE PREVENTION
(in conjunction with the Center for Mental Health Services)

Estimated amount for each award: \$80,000 to \$100,000.

For more information on program issues, contact:

Name of grant and short title: Cooperative Agreement for Parenting and Family Strengthening Prevention Interventions: A Dissemination of Innovations Initiative (Short Title: Family Strengthening)

Rose Kittrell, Acting Team Leader
High Risk Youth/Replication Team
Division of Knowledge Development and Evaluation
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Announcement number: SP00-002

Description: This program solicits applications for three purposes: 1) to increase the capacity of local communities to deliver best practices in effective parenting and family programs in order to reduce or prevent substance abuse; 2) to document the decision making processes for the selection and testing of effective interventions in community settings, and 3) to determine the impact of the interventions on target families within this study. The selected intervention should maximize effectiveness in preventing or reducing alcohol, tobacco or other illegal drug use as well as associated social, emotional, behavioral, cognitive, and physical problems of parents and their children.

Expected date of announcement: February 2000

Eligibility: Applications may be submitted by units of State and local governments, such as cities, counties, etc. and by domestic public and private non profit and for profit organizations, such as community-based organizations, coalitions, schools, universities, colleges, and hospitals.

Funding priorities and/or preferences: None.

Receipt date: April 26, 2000

Projected award date: September 2000

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: \$2-2.5 million.

Estimated project period: Support may be requested for a period of up to two years. Annual awards will be made subject to continued availability of funds and progress achieved.

Estimated number of awards: Twenty to 25 awards.

Due to the CSAP Community Coalitions grants, in FY99, the mean number of organizations that participated in coalition-sponsored prevention activities rose to 190, an increase of 300% over the baseline of 46 organizations. Similarly, the number of prevention services provided by coalitions has surpassed all expectations. For example, in FY95, 595 programs were implemented and coordinated by coalitions. This number increased to 1,803 in FY97 and 2,297 in FY98.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Name of grant and short title: Community-Initiated Prevention Intervention Grants (Community Initiated Interventions)

Announcement number: SP00-001

Description: This program solicits applications for studies to field test effective substance abuse prevention interventions in the local community that have been shown to prevent, reduce or delay alcohol, tobacco, and other drug use and/or associated social, emotional, behavioral, cognitive, and physical problems among at-risk populations. These field tests can include replications, culturally appropriate adaptations of these interventions to other populations and settings, and continuations of ongoing programs into older age groups.

Expected date of announcement: February 2000

Eligibility: Applications may be submitted by units of State and local or Indian Tribal governments, universities and colleges, and by domestic private non-profit and for profit organizations such as community-based organizations, and health care delivery systems including managed care organizations and hospitals.

Funding priorities and/or preferences: None

Receipt date: September 10, 2000

Projected Award Date: Fiscal Year 2001.

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: Not yet available.

Estimated project period: Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Not yet available.

Estimated amount for each award: Not yet available.

For more information on program issues, contact:

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Prevention programs show cost benefit ratios in the range of 8:1 to 14:1 on reduced costs in crime, school and work absenteeism, as well as reduced need for and costs of substance abuse treatment. Many experts acknowledge that the best means of closing the treatment gap is by widespread implementation of effective prevention programs.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Name of grant and short title: Cooperative Agreements for Centers for the Application of Prevention Technologies (CAPT)

Announcement number: SP00-005

Description: CAPTs provide their clients with technical assistance and training in order to apply consistently the latest research-based knowledge about effective substance abuse prevention program, practices, and policies. The CAPTs' primary clients are States receiving funds through CSAP's State Incentive Cooperative Agreement for Community-Based Action (SIGs) program, other States, U.S. jurisdictions, tribes and territories. Other clients include communities, prevention organizations, and practitioners.

Expected date of announcement: February 2000.

Eligibility: The program is open to anyone with the expertise and capacity to operate one of the five regional CAPTs. Applications may be submitted by domestic public and private nonprofit and for profit entities, such as units of State or local government, community-based organizations, universities, colleges, and hospitals.

Funding priorities and/or preferences: None.

Expected receipt date: April 26, 2000.

Projected award date: Not yet available.

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: Approximately \$13.5 million will be available to support five awards in FY 2000. Up to \$20 million will be available each year from FY 2001 to FY 2004.

Estimated project period: Support may be requested for a period of up to 5 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Five awards.

Estimated amount for each award: The awards are

expected to range from to \$2.6 to \$3.5 million in total costs, including direct and indirect costs. Actual funding levels will depend upon the availability of appropriated funds.

For more information on program issues, contact:

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FY98 baseline data from CSAP's Centers for Application of Prevention Technologies (CAPTs) have just been collected. They show that in a nine-month period, the CAPTs provided to States a total of 3,257 hours of technical assistance and a total of 5,567 hours introducing new prevention technologies.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Name of cooperative agreement and short title: State Incentive Cooperative Agreement for Community Based Action: State Incentive Grants (SIGs)

Announcement number: SP00-004

Description: This GFA is intended to support statewide coordination and leveraging of all substance abuse prevention funding streams identified within the recipient State. This grant mechanism allows funds to be directed at communities, families, schools, and workplaces, while promoting expanded service capacity for community level implementation of science-based prevention practices.

Expected date of announcement: February 2000

Eligibility: Office of the Governor of all States and Territories currently not receiving SIG awards, and the Chairman of the Tribal Council of the Red Lake Band of Chippewa.

Funding priorities and/or preferences: None

Expected receipt date: Not yet available.

Projected award date: July 2000

Where to obtain application kits: National Clearing-house for Alcohol and Drug Information.

Estimated amount of this competition: \$12 million.

Estimated project period: Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Four awards.

Estimated amount for each award: Awards are expected to range from \$2,000,000 to \$3,000,000 in total costs, including direct and indirect costs.

For more information on program issues, contact:

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While FY 1998 baseline data from CSAP's State Incentive Grants (SIG) are still being collected, anecdotal evidence from the States provide examples of increased collaboration across entities within SIG States. For example, in Vermont collaboration has increased among local agencies, private businesses, and foundations. In Oregon, counties are developing a single comprehensive plan incorporating substance abuse prevention with school successes, juvenile justice, and teen pregnancy concerns. The Governor's Office in Massachusetts mandates that all State agencies that fund substance abuse prevention meet regularly to coordinate their funding and program efforts. The Governor of Kansas established a Governor's Substance Abuse Prevention Council.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Name of grant/cooperative agreement: State Treatment Needs Assessment Program (STNAP)

Announcement number: TI00-001

Description: This program solicits applications for grants to support States in developing estimates of need for substance abuse treatment services and reporting these data in Section III of the Substance Abuse Prevention and Treatment Block Grant uniform application, and for developing and maintaining an infrastructure necessary to manage data collection and analysis in order to supplement existing data sources. This program also provides assistance to States to fund studies for understanding treatment needs, for developing new treatment services, for expanding treatment service utilization, and for allocating State and block grant resources based on treatment needs.

Expected date of announcement: Not yet available.

Eligibility: Applications must be submitted by Single State Authorities (SSAs) for substance abuse. Eligibility is limited to the SSAs because the SSAs have the statutory responsibility to develop and submit needs assessment data as part of their block grant application.

Receipt date: Not yet available.

Projected award date: Not yet available.

Where to obtain application kits:

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Estimated amount of this competition: Not yet available.

Estimated project period: Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Not yet available.

Estimated amount for each award: Annual awards are expected to range from \$300,000 to \$500,000 in total costs, including direct and indirect costs (not to exceed \$500,000 annually).

For more information on program issues, contact:

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CSAT's Family Drug Courts Initiative is piloting new processes and intervention models for neglect and abuse cases in three juvenile and family courts--Manhattan, NYC; Miami/ Dade County, FL; and Kansas City, MO. The Kansas City family court, which has the most advanced data to date, shows the Family Drug Court model getting more clients into treatment, in treatment retention, and in successful discharge, improved life functioning and higher family reunification rates for the women clients. The additional cost of treatment was only \$1465 more than non-family drug court clients.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Name of grant/cooperative agreement: Practice/Research Collaboratives Program-Implementation Cooperative Agreement

Announcement number: TI00-004

Description: This program solicits applications for grants to enable community-based practice/research collaboratives to conduct knowledge development and knowledge application activities that are responsive to the needs and priorities established by the community-based substance abuse provider and research community.

Expected date of announcement: February 2000.

Eligibility: Applications may be submitted by domestic public and private non-profit and for profit entities such as community-based organizations, universities, colleges, hospitals, and units of State or local government.

Receipt date: Not yet available.

Projected award date: September 2000.

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: It is estimated that \$3 million will be available.

Estimated project period: Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Eight to 10 awards.

Estimated amount for each award: Annual awards will not exceed \$400,000 in total costs, including direct and indirect costs. Actual funding levels will depend upon the availability of appropriated funds.

For more information on program issues, contact:

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CSAT's Criminal/Juvenile Justice Treatment Networks Program develops metropolitan-wide treatment services for adult women offenders or juvenile offenders in seven jurisdictions, using a lead justice agency (court or probation) and a treatment services network. Over the past three years, the Networks have assessed more than 3900 women, with 2600 entering treatment. The women's networks include more than 200 substance abuse treatment providers. The twelve-month post-treatment evaluation results show a drop in recidivism for the Denver Juvenile Justice Network: no additional juvenile citations for 90% of the treatment completers v. 80% for non-completers. The twelve-month follow-up in the Phoenix Women's Treatment Network shows a substantial drop in drug use: for the past 30 days, the treatment group showed a 22% drug use rate v. 40% drug use rate for a control group.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Name of grant/cooperative agreement: Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need (Targeted Capacity Expansion)

Announcement number: PA00-001

Description: This program solicits applications for grants to expand substance abuse treatment capacity in targeted areas for a targeted response to treatment capacity problems and/or emerging trends. This program is designed to address gaps in treatment capacity by supporting rapid and strategic responses to demands for substance abuse (including alcohol and drug) treatment services in communities with serious, emerging drug problems as well as communities with innovative solutions to unmet needs.

Expected date of announcement: January 2000.

Eligibility: Only units of local (cities, towns, counties) governments and Indian Tribes and tribal organizations (as defined in the Indian Self-Determination Act—25 USC, section 450b) are eligible to apply. Because States receive substantial funding for substance abuse treatment services via the Substance Abuse Prevention and Treatment (SAPT) Block Grant, and because CSAT is trying to target specific local needs that address national treatment priorities, eligibility is restricted to local governmental entities. While SAMHSA recognizes the role of State governments in addressing substance abuse issues, eligibility is being limited because of a recognition of the primacy of local government's responsibility for and interest in providing for the needs of their citizens and because the success of the program will depend upon their authority and ability to broadly coordinate a variety of resources.

Receipt date: April 19, 2000. Thereafter: September 10, January 10, and May 10.

Projected award date: September 2000.

Where to obtain application kits: National Clearing-house for Alcohol and Drug Information.

Estimated amount of this competition: \$30 million will be available.

Estimated project period: Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Fifty-five to 60 awards.

Estimated amount for each award: Awards are expected to range from \$100,000 to a maximum of \$500,000 in total costs, including direct and indirect costs. Actual funding levels will depend upon the availability of appropriated funds.

For more information on program issues, contact:

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Eligible Entities: All applicants must be units of local government (cities, towns, counties) or Indian Tribes and tribal organizations.	Available FY 2000 Funds
General Program Entities: Eligible applicants are described in the "Eligibility" section of the PA.	Up to \$22.1 million*
Alaskan Entities: -Anchorage Southcentral Foundation -Yukon-Kuskokwim Health Corp., Bethel	Up to \$1.5 million Up to \$1.5 million
San Francisco Treatment on Demand Project	Up to \$235,000
Center Point Program/Marin County	Up to \$200,000
Residential Pregnant and Post-Partum Women Projects	Up to \$4.4 million**
TOTAL	Approximately \$30.0 million

*Awards are expected to range from \$100,000 to a maximum of \$500,000 in total costs (direct and indirect).

**CSAT is interested in funding a wide range of residential treatment services for pregnant and postpartum women and their infants and children. Projects must enhance and/or expand or create new residential services that contribute to a continuum of care that is comprehensive. Average awards of \$800,000 in total costs (direct and indirect) apply to these entities.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Name of grant/cooperative agreement: Community Action Grants for Service Systems Change (CSAT Action Grant Program)

Announcement number: PA00-002

Description: This program provides grant funds to support the adoption of specific exemplary practices related to the delivery or organization of services or supports into systems of care for adolescents and adults, (including women and their children) seeking treatment for alcohol and/or other drug use problems. This program solicits applications to stimulate activities by communities that will result in adoption of specific exemplary service delivery practices that yield the best results for the target populations. The program is intended to stimulate the adoption of exemplary practices through convening partners, building consensus, and aiding in eliminating barriers. Grants will not support direct funding of service delivery.

Expected date of announcement: February 2000

Eligibility: Applications for grants will be accepted from domestic public and private entities. Public entities include State and local government agencies and federally designated Indian tribes and tribal organizations. Private entities include those organized as not-for-profits and those organized as for-profits. Such organizations include, but are not necessarily limited to, those responsible for service delivery policy, representing consumers and families, providing services to the target population, and responsible for training and accrediting service providers.

Receipt date: For FY2000, the receipt date is May 17; thereafter, there will be one annual receipt date of January 10.

Projected award date: Not yet available.

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: \$1,350,000.

Estimated project period: One year.

Estimated number of awards: Ten awards.

Estimated amount for each award: The average award is expected to range from \$50,000 to \$150,000 in total costs, including direct and indirect costs. Actual funding levels will depend upon the availability of appropriated funds.

For more information on program issues, contact:

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In FY 1998, CSAT initiated the Targeted Capacity Expansion Program designed to provide rapid and strategic responses to local demand trends for substance abuse treatment services. Examples of this include expansion of specialized services for women in three regions in Colorado, especially the under served rural areas; expansion of outpatient methadone treatment in the under represented areas of Chicago; and expansion of medical and non-hospital detoxification services in Philadelphia.

E-mail: jruiz@samhsa.gov

CENTER FOR SUBSTANCE ABUSE TREATMENT

Name of grant and short title: Comprehensive Community Treatment Program for the Development of New and Useful Knowledge (Community Treatment Program)

Announcement number: PA99-050

Description: This program supports the development or modification of treatment approaches for special populations and/or service settings and supports rigorous study of their effectiveness. The program will generate new knowledge about three aspects of substance abuse treatment: 1) treatment for special populations; 2) integrating substance abuse treatment, screening, and early intervention in non-traditional settings; and 3) innovative programs.

Expected date of announcement: This announcement has been published as an ongoing Program Announcement.

Eligibility: Applications for full studies of treatment programs and services and exploratory/pilot studies may be submitted by domestic public and private non-profit and for-profit entities, such as units of State and local government, community-based organizations, universities, colleges, and hospitals.

Expected receipt dates: January 10, 2000; May 10, 2000; and September 10, 2000

Projected award dates: The earliest start date for the respective receipt dates is May 2000, September 2000, and January 2001.

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: It is estimated that \$2.5 million will be available to support awards under this program in FY 2000.

Estimated project period: Support for full studies and for exploratory/pilot studies may be requested for up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Available funds will be divided between the two grant categories (full studies

and exploratory/pilot). The number of applications funded in each category will depend on the quality of applications as determined by the peer review process.

Estimated amount for each award: The amount of an award is expected to range as follows (amounts include direct and indirect costs): Full Studies—up to \$500,000; Exploratory/Pilot Studies—up to \$250,000.

For more information on program issues, contact:

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A major objective of CSAT's Pregnant and Postpartum Women (PPW) Program is to reduce risks of infant mortality and morbidity among substance abusing women. Consistent with this objective, program clients evidenced 70-80 percent reductions in infant mortality and morbidity, as compared to mortality/morbidity rates found among substance abusing women not in treatment. The beneficial effects of treatment in reducing rates of pre-term and low birth weight deliveries were especially pronounced among African American women, for whom rates of adverse outcomes of in-treatment pregnancies were not just lower than would be expected for substance-abusing women, they were considerably lower than are seen in the general population. Example: as compared to rates of low birth weight delivery of 30 percent among substance abusing women (all races, from prior research) and of 13 percent among African American women in the general population (from US vital statistics), the rate of low birth weight deliveries among PPW clients was 6.7 percent.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Name of grant and short title: Grants for Evaluation of Treatment Models for Persons with Co-occurring Substance Abuse and Mental Health Disorders (Co-occurring Disorders Study)

Announcement number: TI00-002

Description: This program supports grants to identify effective substance abuse treatment projects or models of care that show promise for replication elsewhere. This program solicits applications for projects that will identify, refine, test, and document approaches and procedures for delivery of substance abuse treatment services within outpatient substance abuse treatment agencies, i.e., with service delivery units organized primarily to treat substance abuse problems in persons with co-occurring substance abuse and mental health problems. Funds are available for evaluation and documentation purposes and may not be expended to provide treatment services.

Expected date of announcement: February 2000.

Eligibility: Applications may be submitted by units of State or local government and by domestic public and private nonprofit and for-profit entities such as community-based organizations, universities, colleges, and hospitals.

Expected receipt date: Not yet available.

Projected award date: September 2000.

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: \$5 million.

Estimated project period: Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Twelve awards.

Estimated amount for each award: Awards are expected to range from approximately \$350,000 to \$450,000 in total costs, direct and indirect costs.

For more information on program issues, contact:

Edith Jungblut
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services
Administration
Rockwall II Building, Suite 740
5600 Fishers Lane
Rockville, MD 20857
Phone: (301)443-6669
Fax: (301)443-3543

CSAT's Target Cities grantees (1990-1998) successfully demonstrated that systems for intake and assessment increase the proportion of clients who follow through and show for the assessment appointments (e.g., 45% pre-Target Cities; 51% post-Target Cities). Furthermore, these intake and assessment networks led to an increase in the number of clients attending treatment after their drug problems were assessed (e.g., 70% pre-Target Cities to 82% post-Target Cities).

costs.

CENTER FOR SUBSTANCE ABUSE TREATMENT

(in collaboration with the Center for Substance Abuse Prevention and the Center for Mental Health Services)

Name of cooperative agreement and short title: Cooperative Agreement to Study Women With Alcohol, Drug Abuse, and Mental Health (ADM) Disorders Who Have Histories of Violence: Phase II (Women/ADM Disorders and Violence)

Announcement number: TI00-003

Description: This program is the full scale implementation of integrated strategies, services intervention models and outcome evaluation developed during Phase I of the program. A children's subset study is anticipated.

Expected date of announcement: February 2000

Eligibility: Eligibility is limited to the current 14 Phase I grantees.

Expected receipt date: April 26, 2000

Projected award date: September 2000

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: The estimated amount is \$8.75 million.

Estimated project period: Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Ten awards.

Estimated amount for each award: The estimated amount of each award is expected to range from \$700,000 to \$750,000 in total costs, direct and indirect

For more information on program issues, contact:

Melissa Rael (301-443-8236; mrael@samhsa.gov) or
Joanne Gampel (301-443-7945; jgampel@samhsa.gov)
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services
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Rockwall II Building, Suite 740
5600 Fishers Lane
Rockville, MD 20857

Many clients of CSAT's Residential Women and Children (RWC) Program were at high risk of losing custody of their children when they entered treatment. One short-term indicator of treatment effectiveness in the area of family preservation is the percent of in-treatment children who were discharged to the care of their mother at treatment exit. This figure was 95 percent among treatment completers, and was 89 percent across all RWC clients, including those who left treatment prior to completing their planned length of stay. A major RWC treatment objective is to assist substance abusing mothers in breaking their dependence on drugs and alcohol. A key preliminary finding from a follow-up study conducted 6 months after treatment discharge is that 82 percent of RWC treatment completers reported no drug or alcohol use in the 30 days before the survey; the rate of abstinence from drug or alcohol use among non-completers was lower (but still impressive), at 69 percent.

Fax: (301) 443-3543

CENTER FOR SUBSTANCE ABUSE TREATMENT
(in collaboration with the Center for Mental Health Services and the Department of Justice)

Name of cooperative agreement and short title: National Center for Mentally Ill and Substance Abusing Youth and Adults Involved with the Justice System (National Center)

Announcement number: TI00-007

Description: The goal of the program is to provide a vehicle for the development, dissemination, and application of information about effective mental health and substance abuse services for people with co-occurring disorders in contact with the justice system. The activities undertaken throughout the project will build on prior work and current activities underway. Activities will emphasize intervention for youth.

Expected date of announcement: Not yet available.

Eligibility: Not yet available.

Expected receipt date: Not yet available.

Projected award date: Not yet available.

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: The estimated amount is \$1.8 million.

Estimated project period: Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: One award.

Estimated amount for each award: The award amount is estimated to be \$1.8 million in total costs, including

direct and indirect costs.

For more information on program issues, contact:

Bruce Fry
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Rockwall II Building, Suite 740
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Rockville, MD 20857
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E-mail: bfry@samhsa.gov

CSAT and CMHS, through the Criminal Justice Diversion of Individuals with Co-occurring Mental Health and Substance Abuse Disorders program, have been able to initiate systemic changes in the field of criminal justice and mental health. In one Tennessee site, grantees developed a very successful crisis intervention team model to train police officers to identify mental health clients immediately and take them directly to medical facilities. This will ease the burden on the criminal justice system and properly address the dually-diagnosed population at the same time.

Estimated amount for each award: Not yet available.

CENTER FOR SUBSTANCE ABUSE TREATMENT

For more information on program issues, contact:

Name of grant and short title: Targeted Capacity Expansion – HIV/AIDS

Karen Urbany
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Substance Abuse and Mental Health Services
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Rockwall II Building, Suite 740
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Announcement number: TI00-005

Description: This program seeks to address gaps in substance abuse treatment capacity, and increase the accessibility and availability of substance abuse treatment and related HIV/AIDS services (including STDs, TB, and hepatitis B and C) to African American, Hispanic/Latino and other racial/ethnic minority substance abusers.

Expected date of announcement: February 2000.

Eligibility: Applications may be submitted by domestic public and private non-profit and for-profit entities, such as units of State and local government and grassroots and/or community-based organizations that have the capacity to provide substance abuse treatment services to African American, Hispanic/Latino, and other racial/ethnic minority communities.

Funding priorities and/or preferences: Not yet available.

Expected receipt date: June 13, 2000.

Projected award date: Not yet available.

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information.

Estimated amount of this competition: The estimated amount is \$16 million.

Estimated project period: Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Estimated number of awards: Not yet available.

CSAT's National HIV Outreach projects provided a wide array of services to 9,296 clients during the 3+ years of the grants (October, 1995 thru September, 1998). The evaluation revealed that of those clients eligible for treatment, two-thirds reported that they had no prior substance abuse treatment. Of those eligible with no prior treatment experience, 42% were referred to treatment, and of those referred, 69% entered substance abuse treatment. Findings indicate that the HIV Outreach Program reached groups who are distinctly at-risk for HIV transmission and who are not strongly represented in general populations. One measure of success that the Outreach projects had in reaching at-risk populations is that 32% of the clients had injected drugs within 30 days as compared to 18% of the National Treatment Improvement Evaluation Study (NTIES) population. The projects also reached many minorities, e.g., African Americans and Hispanics, than found in the NTIES population (67% vs. 56% and 17% vs. 15%, respectively).

**CENTER FOR SUBSTANCE ABUSE PREVENTION,
CENTER FOR SUBSTANCE ABUSE TREATMENT,
CENTER FOR MENTAL HEALTH SERVICES**

Name of grant/cooperative agreement and short title:
Knowledge Dissemination Conference Grants

Announcement number: PA98-090

Description: This program encourages applications for conferences with national or regional significance that are related to mental illness and substance abuse prevention, early intervention, and treatment innovations, including conferences to disseminate information to the services communities and to the general public and to develop strategies for improving substance abuse and mental health services. Intended audiences are principally those constituencies that share SAMHSA interest in community consensus building, leadership, knowledge synthesis and dissemination, advocacy, and other activities to improve substance abuse and mental health services.

Expected date of announcement: This is a program announcement.

Eligibility: Applications may be submitted by domestic public and private non-profit and for profit entities. An individual is not eligible to receive grant support for a conference. An entity is eligible to receive funding from a particular Center (CMHS, CSAT, or CSAP) for only one conference annually. Support for only one conference from one SAMSHA Center, as defined above, may be requested in any single application. Applications proposing annual conferences that address the same topic will not be accepted.

Funding priorities and/or preferences: Relationship of proposed conference to the program priorities of SAMHSA and one or more of the three Centers; balance of topics in the pertinent Center's overall conference portfolio; equitable balance of awards in terms of geography (including rural/urban) and demographics; evidence of collaboration of two or more State, regional, or national groups in planning the proposed conference; evidence of plans to present knowledge dissemination sessions as part of regional or national conferences in the health or human services fields; and certification that Federal funds will not be used to supplant or replace funds already budgeted for the proposed project.

Expected receipt date: January 10, May 10, and September 10, 2000.

Projected award date: The earliest start date for the respective receipt dates is: May 2000, September 2000, and January 2001.

Where to obtain application kits: National Clearinghouse for Alcohol and Drug Information or Knowledge Exchange Network.

Estimated amount of this competition: It is estimated that approximately \$250,000 from CMHS and \$500,000 from CSAT will be available to support awards under this program in FY2000. CSAP funding is uncertain at this point in time. While it is anticipated that most conferences will be funded by the individual Center to which the applicant applied, it is possible that a proposed conference topic may be cross-cutting and therefore of interest to more than one Center. Thus, two or more Centers may choose to provide support for a conference. Under such circumstances, the grant award will be made by a single Center; i.e., the "lead" Center.

Estimated project period: Awards will be made for a maximum of 12 months.

Estimated number of awards: Not yet available.

Estimated amount for each award: The amount will be up to 75 percent (to a maximum of \$50,000) of the total direct costs of planned meetings and conferences.

For more information on CMHS-related program issues, contact:

Teddi Fine, M.A.
Office of the Director
Center for Mental Health Services
Substance Abuse and Mental Health Services
Administration
Parklawn Building, Room 17-99
5600 Fishers Lane
Rockville, MD 20857
Phone: (301)443-0553

Fax: (301) 443-1563
E-mail: tfine@samhsa.gov

**For more information on CSAP-related program issues
contact:**

Luisa del Pollard
Division of Prevention Application and Education
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services
Administration
Rockwall II Building, Suite 800
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-6728
Fax: (301) 443-5592
E-mail: lpollard@samhsa.gov

**For more information on CSAT-related program issues
contact:**

Chris Currier
Office of Scientific Evaluation, Analysis, and Synthesis
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services
Administration
Rockwall II Building, Room 8A123
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Phone: (301) 443-0745
Fax: (301) 480-3144
E-mail: ccurrier@samhsa.gov

TECHNICAL ASSISTANCE WORKSHOPS REGISTRATION FORM

I plan to attend the workshop in (please circle one):

March 2-3, Atlanta, GA, Ritz Carlton Hotel
 March 7-8, Kansas City, MO, Westin Hotel Crown Center
 March 9-10, San Diego, CA, Wyndham Emerald Plaza Hotel

PLEASE PRINT OR TYPE:

Name: _____
 Title _____
 Organization Name _____
 Address _____ City _____ State _____ ZIP Code _____
 Phone _____ Fax _____ E-mail _____
 Type of Organization: Government: State _____ Local _____ Indian Tribal _____ University _____
 College _____ Hospital _____ CBO _____ Other (Specify) _____

Listed below is the preliminary list of the breakout sessions; please check the three sessions that you plan to attend.

DAY 1

Center for Mental Health Services

- ☐ Community Action Grants for Service Systems Change (Hispanic priority initiative and Native American & Alaska Native youth priority initiative)
- ☐ Violence Prevention/Resilience Development School and Community Action Grants

Center for Substance Abuse Prevention

- ☐ Community-Initiated Prevention Interventions
- ☐ Cooperative Agreements for Parenting and Family Strengthening Prevention Interventions
- ☐ Centers for the Application of Prevention Technologies
- ☐ State Incentive Cooperative Agreement for Community Based Action: State Incentive Grants

Center for Substance Abuse Treatment

- ☐ Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need (Targeted Capacity Expansion)
- ☐ Community Action Grants for Service Systems Change
- ☐ Grants for the Evaluation of Treatment Models for Persons with Co-occurring Substance Abuse and Mental Health Disorders
- ☐ Comprehensive Community Treatment Program for the Development of New and Useful Knowledge
- ☐ Targeted Capacity Expansion - HIV/AIDS

Grants Management

- ☐ Grants Process

DAY 2: Grant Writing Workshop

- ☐ I will attend the session.
- ☐ I will not attend the session

If you have a disability that requires specific workshop accommodation, please check here: ____ We will contact you directly to discuss your needs. Fax this form to Lisa Wilder at (301) 984-4416 or mail to SAMHSA Technical Assistance Workshop, 11300 Rockville Pike, Suite 801, Rockville, MD 20852.